Patient Questionnaire

First Name	Middle Initial	Last Name

Weight (pounds)	Age	Neck Size (inches)

Height (feet, inches)	Gender	Birthdate (mm/dd/yyyy)

Neck Size	
+2 Male ≥ 16.5	
+2 Female ≥ 15	
Total	

COMPLETELY FILL IN ONE CIRCLE FOR EACH QUESTION - ANSWER ALL QUESTIONS

Have you been diagnosed or treated for any of the following conditions?

												Each yes +1
High blood pressure	▫ Yes	▫ No	Stroke	▫ Yes	▫ No	Asthma	▫ Yes	▫ No				Total
Heart disease	▫ Yes	▫ No	Depression	▫ Yes	▫ No	COPD	▫ Yes	▫ No				
Diabetes	▫ Yes	▫ No	Sleep apnea	▫ Yes	▫ No	Acid Reflex	▫ Yes	▫ No				

Lung disease	▫ Yes	▫ No	Nasal oxygen use	▫ Yes	▫ No	*On a regualar basis, do you:*		
Insomnia	▫ Yes	▫ No	Restless leg syndrome	▫ Yes	▫ No	Smoke	▫ Yes	▫ No
Narcolepsy	▫ Yes	▫ No	Morning headaches	▫ Yes	▫ No	Alcohol	▫ Yes	▫ No
Sleeping Medication	▫ Yes	▫ No	Pain medication	▫ Yes	▫ No	Caffeine	▫ Yes	▫ No

EPWORTH SLEEPINESS SCALE: How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale to mark the appropriate box for each situation.

0 = would never dose 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing

	0	**1**	**2**	**3**	
Sitting & Reading	▫	▫	▫	▫	
Watching TV	▫	▫	▫	▫	
Sitting, inactive, in a public place (theater, meeting, etc)	▫	▫	▫	▫	
As a passenger in a car for an hour without a break	▫	▫	▫	▫	
Lying down to rest in the afternoon when circumstances permit	▫	▫	▫	▫	
Sitting and talking to someone	▫	▫	▫	▫	12 ≥ +2
Sitting quietly after lunch without alcohol	▫	▫	▫	▫	Total
In a car, while stopped for a few minutes in traffic	▫	▫	▫	▫	

Frequency	0 - 1 times/week	1 -2 times/week	3 - 4 times/week	5 - 7 times/week
On average in the past month, how often have you snored or been told that you snored?				
▫ Never	▫ Rarely +1	▫ Sometimes +2	▫ Frequently +3	▫ Almost always +4
Do you wake up choking or gasping?				
▫ Never	▫ Rarely +1	▫ Sometimes +2	▫ Frequently +3	▫ Almost always +4
Have you been told that you stop breathing in your sleep or wake up choking or gasping?				
▫ Never	▫ Rarely +1	▫ Sometimes +2	▫ Frequently +3	▫ Almost always +4
Do you have problems keeping your legs still at night or need to move them to feel comfortable?				Total
▫ Never	▫ Rarely	▫ Sometimes	▫ Frequently	▫ Almost always

Signature	Area code	Phone number	4 - 5 (low risk)	Final Total
			6 - 10 (high)	
			≥ 11 (very high)	